

Exhibit SMPage 1 of 7  

# Navigate Business Checking

February 28, 2025 ■ Page 1 of 7



NORTHLANDS ORTHOPAEDIC INSTITUTE LLC  
DEBTOR IN POSSESSION  
CH11 CASE #25-11372 (NJ)  
504 VALLEY RD STE 200  
WAYNE NJ 07470-3534

## Questions?

*Available by phone Mon-Sat 7:00am-11:00pm Eastern Time, Sun 9:00am-10:00pm Eastern Time:*  
We accept all relay calls, including 711  
**1-800-CALL-WELLS** (1-800-225-5935)  
*En español: 1-877-337-7454*

*Online:* [wellsfargo.com/biz](http://wellsfargo.com/biz)

*Write:* Wells Fargo Bank, N.A. (347)  
P.O. Box 6995  
Portland, OR 97228-6995

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## Your Business and Wells Fargo

Visit [wellsfargo.com/digitalbusinessresources](http://wellsfargo.com/digitalbusinessresources) to explore tours, articles, infographics, and other resources on the topics of money movement, account management and monitoring, security and fraud prevention, and more.

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### Other Wells Fargo Benefits

File your taxes early to help prevent identity theft

Early filing helps prevent someone else from filing taxes in your name.  
Find other tips at [wellsfargo.com/spottaxscams](http://wellsfargo.com/spottaxscams)

A new twist on romance scams

Scammers make friends with you on social media, then offer to show you how to invest in crypto.  
Watch for: Promises of big returns, help with downloading a crypto app, or requests to wire money.



### Statement period activity summary

Beginning balance on 2/1	\$638,370.91
Deposits/Credits	767,398.33
Withdrawals/Debits	- 1,372,028.58
<b>Ending balance on 2/28</b>	<b>\$33,740.66</b>

Account number: **2324 (primary account)**

**NORTHLANDS ORTHOPAEDIC INSTITUTE LLC**  
**DEBTOR IN POSSESSION**  
**CH11 CASE #25-11372 (NJ)**

*NEW Jersey account terms and conditions apply*

For Direct Deposit use  
 Routing Number (RTN): 021200025  
 For Wire Transfers use  
 Routing Number (RTN): 121000248

### Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

### Interest summary

Interest paid this statement	\$0.82
Average collected balance	\$105,723.74
Annual percentage yield earned	0.01%
Interest earned this statement period	\$0.82
Interest paid this year	\$6.72
Total interest paid in 2024	\$107.30

### Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
2/3		Aetna AS01 Hclaimpmt xxxx9828 TRN*1*825029000196000*1066033492\	242.99		
2/3		Healthier NJ CI Healthier 000000 ACH030001245652 TRN*1*0001245652*2843673030\	440.90		
2/3		Unitedhealthcare Hclaimpmt xxxx9828 TRN*1*S5051890*1411289245*000087726\	509.21		639,564.01
2/4		Unitedhealthcare Hclaimpmt xxxx9828 TRN*1*W312148594*1411289245*000087726\	72.63		
2/4		Unitedhealthcare Hclaimpmt xxxx9828 TRN*1*W312148593*1411289245*000087726\	107.28		
2/4		Horizon Hclaimpmt 000000 ACH04007539533 TRN*1*0075393533*1220999690\	256.00		
2/4		Horizon Hclaimpmt 000000 ACH040075398954 TRN*1*0075398954*1220999690\	345.30		
2/4		Horizon Hclaimpmt 000000 ACH010027858262 TRN*1*0027858262*1220999690\	386.93		
2/4		Unitedhealthcare Hclaimpmt xxxx9828 TRN*1*W312148592*1411289245*000087726\	496.00		
2/4		Legal Order Debit - Contact Morris County Sheriff's Office (973) 829-8068 - Case# 7930825		641,228.15	0.00
2/5		Healthier NJ CI Healthier 000000 ACH030001249161 TRN*1*0001249161*2843673030\	97.34		
2/5		Unitedhealthcare Hclaimpmt xxxx9828 TRN*1*S5183322*1411289245*000087726\	271.48		368.82
2/6		Horizon Hclaimpmt 000000 ACH040075404938 TRN*1*0075404938*1220999690\	231.20		
2/6		Aetna AS01 Hclaimpmt xxxx9828 TRN*1*882503201017093*1066033492\	318.56		
2/6		Unitedhealthcare Hclaimpmt xxxx9828 TRN*1*S55271681*1411289245*000087726\	323.49		
2/6		Horizon Hclaimpmt 000000 ACH010027883224 TRN*1*0027883224*1220999690\	587.19		1,829.26




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*Transaction History (continued)*

<i>Date</i>	<i>Check Number</i>	<i>Description</i>	<i>Deposits/ Credits</i>	<i>Withdrawals/ Debits</i>	<i>Ending daily balance</i>
2/7		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882503401018307*1066033492\	734.33		
2/7		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*825035000072101*1066033492\	1,281.00		
2/7		Horizon Hcclaimpmt 000000 ACH040075410487 TRN*1*0075410487*1220999690\	1,629.95		
2/7		Aetna A04 Hcclaimpmt xxxx9828 TRN*1*825035000072100*1066033492\	22,518.00		
2/7		Deposit Made In A Branch/Store	100.00		
2/7		Withdrawal Made In A Branch/Store		28,000.00	92.54
2/10		Horizon Hcclaimpmt 000000 ACH040075415726 TRN*1*0075415726*1220999690\	8.96		
2/10		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*825036000091077*1066033492\	154.39		
2/10		Unitedhealthcare Hcclaimpmt xxxx9828 TRN*1*S5408740*1411289245*000087726\	193.21		
2/10		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882503501019083*1066033492\	2,377.56		2,826.66
2/11		Horizon Hcclaimpmt 000000 ACH010027910950 TRN*1*0027910950*1220999690\	75.46		
2/11		Horizon Hcclaimpmt 000000 ACH010027910949 TRN*1*0027910949*1220999690\	321.56		
2/11		Horizon Hcclaimpmt 000000 ACH040075426548 TRN*1*0075426548*1220999690\	413.76		
2/11		United Healthcar Hcclaimpmt xxxx9828 TRN*1*Sg15387808*1411289245*000087726\	594.00		
2/11		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882503601028897*1066033492\	633.18		
2/11		Unitedhealthcare Hcclaimpmt xxxx9828 TRN*1*W312867026*1411289245*000087726\	2,031.59		6,896.21
2/12		Optum Hcclaimpmt xxxx9828 TRN*1*2802571477*1300029448*0000Life1\	59.33		
2/12		Aetna A04 Hcclaimpmt xxxx9828 TRN*1*825039000004803*1066033492\	167.19		
2/12		Unitedhealthcare Hcclaimpmt xxxx9828 TRN*1*S5540143*1411289245*000087726\	222.76		
2/12		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882503801035013*1066033492\	371.89		
2/12		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*825039000004802*1066033492\	1,820.80		
2/12		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882503701007915*1066033492\	3,264.56		12,802.74
2/13		4220999690 Hcclaimpmt 000000 ACH080085033478 TRN*1*0085033478*1220999690\	91.21		
2/13		Novitas Hcclaimpmt 250212 1194218008 TRN*1*898505817*1205296137~	111.83		
2/13		Horizon Hcclaimpmt 000000 ACH040075432237 TRN*1*0075432237*1220999690\	153.30		
2/13		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*825041000165473*1066033492\	259.53		
2/13		Horizon Hcclaimpmt 000000 ACH010027936141 TRN*1*0027936141*1220999690\	2,776.50		16,195.11
2/14		4220999690 Hcclaimpmt 000000 ACH080085035273 TRN*1*0085035273*1220999690\	93.55		
2/14		Healthier NJ CI Healthier 000000 ACH030001261671 TRN*1*0001261671*2843673030\	97.34		
2/14		Horizon Hcclaimpmt 000000 ACH010027945838 TRN*1*0027945838*1220999690\	129.51		
2/14		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882504101031394*1066033492\	389.10		
2/14		Horizon Hcclaimpmt 000000 ACH040075437543 TRN*1*0075437543*1220999690\	433.50		17,338.11
2/18		Horizon Hcclaimpmt 000000 ACH010027954985 TRN*1*0027954985*1220999690\	62.81		




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*Transaction History (continued)*

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
2/18		Horizon Hcclaimpmt 000000 ACH040075442985 TRN*1*0075442985*1220999690\	359.20		
2/18		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882504201017296*1066033492\	818.32		
2/18		Legal Order Reversal - Contact Morris County Sheriff's Office (973) 829-8068 - Case# 7930825	641,228.15		659,806.59
2/19		Horizon Hcclaimpmt 000000 ACH010027973057 TRN*1*0027973057*1220999690\	190.99		
2/19		Healthier NJ Cl Healthier 000000 ACH030001265460 TRN*1*0001265460*2843673030\	235.79		
2/19		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882504301036609*1066033492\	378.21		
2/19		Horizon Hcclaimpmt 000000 ACH040075448339 TRN*1*0075448339*1220999690\	436.32		
2/19		Unitedhealthcare Hcclaimpmt xxxx9828 TRN*1*W313615632*1411289245*000087726\	727.86		
2/19		Deposit Made In A Branch/Store	1,816.16		
2/19		Deposit Made In A Branch/Store	1,127.32		
2/19		Deposit Made In A Branch/Store	8,022.17		
2/19		Deposit Made In A Branch/Store	1,712.09		
2/19		Deposit Made In A Branch/Store	9,012.15		
2/19		WT Fed#07748 Provident Bank /Ftr/Bnf=Saul Ewing LLP Srf# 0067649050788671 Trn#250219075367 Rfb#	657,800.43		25,665.22
2/20		Horizon Hcclaimpmt 000000 ACH010027986805 TRN*1*0027986805*1220999690\	39.72		
2/20		Horizon Hcclaimpmt 000000 ACH010027986804 TRN*1*0027986804*1220999690\	48.21		
2/20		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882504401054247*1066033492\	257.46		
2/20		Unitedhealthcare Hcclaimpmt xxxx9828 TRN*1*S5884082*1411289245*000087726\	322.52		
2/20		Horizon Hcclaimpmt 000000 ACH010027986803 TRN*1*0027986803*1220999690\	383.58		
2/20		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882504501034239*1066033492\	400.25		
2/20		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882504601029472*1066033492\	587.86		27,704.82
2/21		Unitedhealthcare Hcclaimpmt xxxx9828 TRN*1*S5977119*1411289245*000087726\	147.77		
2/21		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*8825049000172543*1066033492\	817.68		
2/21		Horizon Hcclaimpmt 000000 ACH040075464454 TRN*1*0075464454*1220999690\	893.60		29,563.87
2/24		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882504901036875*1066033492\	69.66		
2/24		Unitedhealthcare Hcclaimpmt xxxx9828 TRN*1*S6100105*1411289245*000087726\	638.98		
2/24		Deposit Made In A Branch/Store	9,868.00		40,140.51
2/25		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*8825051000052921*1066033492\	66.90		
2/25		Horizon Hcclaimpmt 000000 ACH010028023483 TRN*1*0028023483*1220999690\	83.84		
2/25		Unitedhealthcare Hcclaimpmt xxxx9828 TRN*1*Uh8820000011438102418370*1391995276*0000Um r	139.53		
2/25		Horizon Hcclaimpmt 000000 ACH010028013308 TRN*1*0028013308*1220999690\	1,638.00		
2/25		Unitedhealthcare Hcclaimpmt xxxx9828 TRN*1*W314359790*1411289245*000087726\	3,193.62		45,262.40
2/26		Horizon Hcclaimpmt 000000 ACH010028029303 TRN*1*0028029303*1220999690\	229.31		
2/26		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882505101026708*1066033492\	1,029.33		
2/26		Deposit Made In A Branch/Store	23,772.33		



*Transaction History (continued)*

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
2/26		Withdrawal Made In A Branch/Store		45,000.00	25,293.37
2/27		Healthier NJ CI Healthier 000000 ACH030001278045 TRN*1*0001278045*2843673030\		152.02	
2/27		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882505301052311*1066033492\		237.51	25,682.90
2/28		Unitedhealthcare Hcclaimpmt xxxx9828 TRN*1*S6404989*1411289245*000087726\		249.60	
2/28		Horizon Hcclaimpmt 000000 ACH010028047989 TRN*1*0028047989*1220999690\		426.75	
2/28		Horizon Hcclaimpmt 000000 ACH040075491995 TRN*1*0075491995*1220999690\		510.78	
2/28		Unitedhealthcare Hcclaimpmt xxxx9828 TRN*1*S6327554*1411289245*000087726\		518.70	
2/28		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*882505501015831*1066033492\		699.22	
2/28		Aetna AS01 Hcclaimpmt xxxx9828 TRN*1*825056000154617*1066033492\		5,651.89	
2/28		Interest Payment		0.82	33,740.66
Totals			\$767,398.33	\$1,372,028.58	

*The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.*

**Monthly service fee summary**

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to [wellsfargo.com/feefaq](http://wellsfargo.com/feefaq) for a link to these documents, and answers to common monthly service fee questions.

Fee period 02/01/2025 - 02/28/2025	Standard monthly service fee \$25.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following each fee period		
• Minimum daily balance	\$10,000.00	\$0.00 <input type="checkbox"/>
• Combined balance in linked accounts, which may include	\$15,000.00	\$109,818.59 <input checked="" type="checkbox"/>
- Average ledger balance in your Navigate Business Checking, Initiate Business Checking, and Additional Navigate Business Checking, plus		
- Average ledger balance in your Business Market Rate Savings and Business Platinum Savings, plus		
- Average ledger balance in your Business Time Account (CD)		

WK/WK

**Account transaction fees summary**

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Cash Deposited (\$)	0	20,000	0	0.0030	0.00
Transactions	75	250	0	0.50	0.00
Total service charges					\$0.00



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 **IMPORTANT ACCOUNT INFORMATION**

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NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.



## Important Information You Should Know

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts: Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- In case of errors or questions about other transactions (that are not electronic transfers): Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- If your account has a negative balance: Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- To download and print an Account Balance Calculation Worksheet(PDF) to help you balance your checking or savings account, enter [www.wellsfargo.com/balancemyaccount](http://www.wellsfargo.com/balancemyaccount) in your browser on either your computer or mobile device.

## Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance  
shown on your statement ..... \$ \_\_\_\_\_

ADD

B. Any deposits listed in your  
register or transfers into  
your account which are not  
shown on your statement. \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
+ \$ \_\_\_\_\_

..... TOTAL \$ \_\_\_\_\_

## CALCULATE THE SUBTOTAL (Add Parts A and B)

**RECALCULATE THE SUB**

..... TOTAL \$ \_\_\_\_\_

## SUBTRACT

C. The total outstanding checks and withdrawals from the chart above. . . . . - \$

## CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)

This amount should be the same as the current balance shown in your check register. ....